

CLAIMS ALLEGING DAMAGE TO PRIVATELY OWNED VEHICLE (POV) **CAUSED BY GOVERNMENT ACTIVITIES**

Claims alleging damage caused by military or civilian personnel acting in the scope of their employment i.e., GOV/POV, occurring outside the United States are processed under the Military Claims Act, Title 10 of the United States Code, Section 2733.

1. You must turn in the following documents with your claim:
 - a. Standard Form 95 (Claim for Damage, Injury, or Death)
 - b. A Copy of Orders
 - c. DD Form 1844 (Schedule of Property)
 - d. Two Estimate of Repairs from Different Garages *(See note below concerning used parts)
 - e. Accident Report
 - f. A Copy of Bill of Sale, or Other Evidence to Support Value of Loss/Damage
 - g. A Copy of the Japanese Vehicle Registration
 - h. A Copy of Your Private Insurance Policy
 - i. Photographs of Damage
 - j. Any Other Evidence to Substantiate Your Claim
2. If your claim includes personal injury, please ask for additional instructions of filing your Claim.
3. If you have any question regarding the filing of your claim, please contact the Army claims office at 644-4742/5213.

Customer Service Hours

Monday, Tuesday, and Friday: 0800 – 1130 and 1300 – 1600

Wednesday: 0800 – 1130 and 1300 – 1500

Thursday: 1300 – 1600

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NOTE: Used autobody and glass replacement in Japan usually cost 50% less than new ones. In line with insurance industry practices, it is appropriate to make autobody and glass repairs with quality used parts for **any car 5 years old or older. Such used parts must be of good quality, in good condition, and in the mechanic's view appropriate with regard to safety and reliability. The 5th Air Force Staff Judge Advocate requires repair estimates to include repair costs utilizing such used parts. **You must ask the estimator to include the cost of repair using such used parts.** However, if such used parts are not available or not feasible or would cost more than new parts (considering any extra charges for labor or searching, for example), or if the estimator will not utilize them in their business, the estimator must say so on the estimate. When claimants submit that do not comply with this requirement, the 5th Air Force Staff Judge Advocate will deduct 50% from the cost of the new parts. Claimants can always ask the estimator to include the cost of repair using new parts, in addition to that required above, and can always elect to pay the "new parts" cost over and above the used parts cost. Estimators will sometimes "reluctantly" utilize used parts, or will decline to extend the same guarantee as they would for new parts. This does not amount to "unavailability" or "inappropriateness with regard to safety."*

To: Garage

This repair estimate is for damage to claimant's vehicle caused by government activities. Please provide claimant with an accurate written estimate of repair. For any car 5 years or older, it is appropriate to make auto body repairs with quality used parts. If quality used parts are not available or not feasible or would cost more than new parts, please state so this on the estimate. If used parts are available but the claimant wants the estimate to include the cost for new parts as well, the estimate needs to show prices for both used and new parts. When claimant disregards this requirement, 50% deduction will be taken from the cost of the new parts.

修理工場各位様

これから作成していただく修理の見積書は、当アメリカ合衆国軍側の原因で発生した事故により、損害を受けられた方々（軍人・軍属）への損害賠償請求手続きに必要な書類です。よって、以下の注意事項を考慮の上正式な修理見積書を作成していただくよう、お願い申し上げます。

5年を経過した車の修理には中古部品を適応してください。もし、中古部品が入手が困難な場合、使用が適正でない場合、又は、中古部品の方が高額になる場合等、その理由を見積書に明記して下さい。尚、中古部品があっても客（車の修理依頼者）の好みであえて新品部品を使う場合にも、その旨見積書に明記して下さい。その場合は新旧部品、両方の値段を書いてください。{上記に違反しますと、支払い元（軍）は不当新品部品使用とみなしてその部品額の50%をカットします}

CLAIM FOR DAMAGE, INJURY, OR DEATH

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVE
OMB NO.
1105-0008

1. Submit To Appropriate Federal Agency:

Office of the Staff Judge Advocate
10th Area Support Group
Unit 35115
APO AP 96376-5115

2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code)

Your Name, Rank, Social Security Number, and Address.

3. TYPE OF
EMPLOYMENT ☐ CIVILIAN

4. DATE OF BIRTH

5. MARITAL STATUS

6. DATE AND DAY OF ACCIDENT

7. TIME (A.M. OR P.M.)

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)

Describe all know details regating to the incident for which you are filing your claim.

9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

As applicable.

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTEND OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)

Describe your property & damages.

10. PERSONAL INJURY/WRONGFUL DEATH

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

As applicable.

11. WITNESSES

NAME

ADDRESS (Number, street, city, State, and Zip Code)

As applicable.

12. (See instructions on reverse)

AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE

12b. PERSONAL INJURY

12c. WRONGFUL DEATH

12d. TOTAL (Failure to specify may cause forfeiture of your rights.)

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)
Original signature on all copies

13b. Phone number of signatory
Self explanatory

14. DATE OF CLAIM
Leave blank

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

Previous editions not usable.

STANDARD FORM 95 (Rev. 7-85)
PRESCRIBED BY DEPT. OF JUSTICE
28 CFR 14.2

USAPPC V1.

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. *Principal Purpose:* The information requested is to be used in evaluating claims.
 C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
 D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

INSTRUCTIONS

Complete all items - Insert the word NONE where applicable

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in item #1 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in item 12 of this form.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☐ Yes. If yes, give name and address of insurance company (Number, street, city, State, and Zip Code) and policy number. ☐ No

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

As applicable.

17. If deductible, state amount

18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? (It is necessary that you ascertain these facts)

As applicable.

19. Do you carry public liability and property damage insurance? ☐ Yes. If yes, give name and address of insurance carrier (Number, street, city, State, and Zip Code) ☐ No

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit To Appropriate Federal Agency:			2. Name, Address of claimant and claimant's personal representative, if any. <i>(See instructions on reverse.) (Number, street, city, State and Zip Code)</i>		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT	
7. TIME (A.M. or P.M.)					
8. Basis of Claim <i>(State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)</i>					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT <i>(Number, street, city, State, and Zip Code)</i>					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. <i>(See instructions on reverse side.)</i>					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.					
11. WITNESSES					
NAME			ADDRESS <i>(Number, street, city, State, and Zip Code)</i>		
12. (See instructions on reverse) AMOUNT OF CLAIM (In dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
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13a. SIGNATURE OF CLAIMANT <i>(See instructions on reverse side.)</i>				13b. Phone number of signatory	
				14. DATE OF CLAIM	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. <i>(See 31 U.S.C. 3729.)</i>			Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. <i>(See 18 U.S.C. 287, 1001.)</i>		

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

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B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

INSTRUCTIONS

Complete all items - insert the word **NONE** where applicable

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PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

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The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

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(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

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Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden,

to Director, Torts Branch
Civil Division
U.S. Department of Justice
Washington, DC 20530

and to the
Office of Management and Budget
Paperwork Reduction Project (1105-0008)
Washington, DC 20503

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☐ Yes, If yes, give name and address of insurance company (Number, street, city, State, and Zip Code) and policy number. ☐ No

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

17. If deductible, state amount

18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? (It is necessary that you ascertain these facts)

19. Do you carry public liability and property damage insurance? ☐ Yes, If yes, give name and address of insurance company (Number, street, city, State, and Zip Code) ☐ No

1. NAME OF CLAIMANT (Last, First, Middle Initial)
YOUR NAME

LIST OF PROPERTY AND CLAIMS ANALYSIS CHART
(Items 14 through 31 to be filled out by Claims Office)

2. CLAIMANT'S INSURANCE COMPANY (If applicable)

3. PICK-UP DATE
(YYYYMMDD)

4. DELIVERY DATE
(YYYYMMDD)

14. ORIGIN CONTRACTOR

17. 2ND CONTRACTOR

21. CLAIM NUMBER

22. NET WT/MAX CAR

a. NAME

b. POLICY NO.

IF APPLICABLE

5. LINE NO.

6. QTY

7. LOST OR DAMAGED ITEMS

8. INV NO.

9. ORIGINAL COST

10. MM/YYYY PURCHASED

11. AMOUNT CLAIMED (a) Repair Cost (b) Replacement Cost

15. INVENTORY DATE
(YYYYMMDD)

16. EXCEPTIONS

18. EXCEPTION SHEET DATE
(YYYYMMDD)

19. INV NO.

20. EXCEPTIONS

23. GBL NUMBER

24. LOT NUMBER

25. AMOUNT ALLOWED

26. ADJUDICATOR'S REMARKS

27. ITEM WT

28. HOUSE LIABILITY

29. CARRIER LIABILITY

30. TOTAL AMOUNT ALLOWED

31. THIRD PARTY LIABILITY

32. TOTAL AMOUNT ALLOWED

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1. NAME OF CLAIMANT (Last, First, Middle Initial)

3. PICK-UP DATE
(YYYYMMDD)

LIST OF PROPERTY AND CLAIMS ANALYSIS CHART

(Items 14 through 31 to be filled out by Claims Office)

2. CLAIMANT'S INSURANCE COMPANY (If applicable)

4. DELIVERY DATE
(YYYYMMDD)

14. ORIGIN CONTRACTOR

17. 2ND CONTRACTOR

21. CLAIM NUMBER

22. NET WT/MAX CAR

a. NAME

b. POLICY NO.

5. LINE QTY

7. LOST OR DAMAGED ITEMS
(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")

8. INV NO.

9. ORIGINAL COST
10. MM/YYYY PURCHASED

11. AMOUNT CLAIMED
a. Repair Cost
b. Replacement Cost

15. INVENTORY DATE
(YYYYMMDD)

16. EXCEPTIONS

19. INV NO.

20. EXCEPTIONS

23. GBL NUMBER

25. AMOUNT ALLOWED

26. ADJUDICATOR'S REMARKS

27. ITEM WT

28. HOUSE LIABILITY

29. CARRIER LIABILITY

12. REMARKS

13. TOTAL

\$

30. TOTAL AMOUNT ALLOWED

\$

31. THIRD PARTY LIABILITY

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